

# Is there a "cure" for racism? Celebrated anti-racist activist and author Ibram X. Kendi says yes, there is

BRIDGET BALCH , STAFF WRITER  
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From cancer to COVID-19, people of color suffer from the impact of racism in health care. Kendi calls on institution leaders to look inward to get to the root of the problem.



Ibram X.

Kendi speaks at the University of Vermont for the Martin Luther King Jr. Celebration, Education and Learning Series on Jan. 28. Reprinted with permission from the University of Vermont. *Credit: Sally McCay*

“Our world is suffering from metastatic cancer. Stage 4.”

Ibram X. Kendi — 2016 National Book Award winner, founder of the Boston University Center for Antiracist Research, and one of *Time* magazine’s 100 most influential people of 2020 — boldly proclaims his diagnosis in his bestselling book *How to Be an Antiracist*.

The cancer he refers to is a metaphor for racism and the racist policies he says have spread to almost every part of the body politic.

But for Kendi, who has become a leading voice on systemic racism in America, cancer is more than a metaphor; it’s a personal reality. In 2013, his wife, a pediatrician, was diagnosed with stage 2 breast cancer at age 34. And less than five years later, Kendi himself was diagnosed with stage 4 metastatic colon cancer at age 35.

The link between racism and health has been laid bare this year as Kendi and his team at Boston University have tracked the racial breakdown behind COVID-19 data, revealing that Black people and people of color are infected and die at disproportionately high rates.

But is there a cure for racism?

Kendi will have a candid discussion with AAMC President and CEO David J. Skorton, MD, about how entrenched programs and policies have stood in the way of justice and equity at the AAMC's (Association of American Medical Colleges') annual meeting, Learn Serve Lead 2020: The Virtual Experience, on Monday, Nov. 16.

Kendi spoke with *AAMCNews* about his thoughts on how systemic racism and health care are connected and what academic medical institutions can do to change the prognosis.

You've used your own experience with cancer as a metaphor for racism in America. How did you come to make that connection and what are the parallels that stick out to you most?

The parallels include, first, that when I was diagnosed with cancer — when someone came into a room and told me that I had cancer — it was devastating. It hurt me. And I didn't want to believe it. In many ways, when individuals are diagnosed as being racist, it hurts them. They don't want to believe it. But I think what's different with the diagnosis of cancer, an individual does not view the doctor as seeking to hurt them, even though they feel hurt. If anything, they see the doctor as seeking to treat them, heal them. And what if, when we were diagnosed as being racist, we saw those individuals as trying to treat us, rather than attack us? And then, finally, I think when it comes to how we can treat metastatic racism that has literally spread to every part of the body politic — and we know that because we can see the tumor cells of racial inequity everywhere — it's the same way we treat metastatic cancer. So, we can go in and surgically remove the racist policies that are, in effect, leading to those inequities.

We can also flood the body with the chemotherapy of anti-racist policies, which do two things: Either they reduce the size of racial inequities or they can prevent the reoccurrence of racial inequities.



Ibram X. Kendi *Credit: Stephen Voss*

Your work with the COVID Racial Data Tracker by the *Atlantic* shows the gross disparities of how COVID-19 is impacting Black people and people of color compared to White people. What does that say about American society and about the health care system here in the United States?

According to the COVID Racial Data Tracker, which is a collaboration between our Center for Antiracist Research and the COVID Tracking Project by the *Atlantic*, nationwide, Black people are dying at 2.4 times the rate of White people, and Latinx and Native American people are also dying at much higher rates than White people. It just goes to show that we have a serious problem here of racial disparities, whether you're talking about COVID or cancer or heart disease, asthma, respiratory disease, and on down the line. That is not because there is something wrong with the behaviors of Black and Brown and Indigenous people. It's because there's something wrong with our society, our health care system — who has access to health insurance, who has access to quality health care, who's more likely to be discriminated against by medical professionals, who has better access to preventative care, who is more likely to live in polluted neighborhoods. We have a serious problem and we need anti-racist policies to solve it.

What role do you think academic medicine has played in systemic racism?

What's fascinating is, among many — though certainly not all — medical researchers and even those who are teaching medical students, there are still widespread beliefs in biological racial distinctions, and that is a basic assumption of too much medical research. If your basic assumption is that there is such thing as a Black disease or that White people have a particular biological makeup that's distinct from Native people, then you're going to ask research questions based on that. You have medical researchers right now asking questions based on these assumptions. For example, they say, "You have these COVID racial disparities, so let me figure out what's distinct about the biological makeup of Black people that's causing them to die at higher rates. Is it because they have bigger noses?" And what happens is that racist questions lead to racist answers.

I think Americans — including, certainly, medical researchers — should read books like *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-First Century* by Dorothy E. Roberts, which completely debunks the notion of biological races. For example, take a disease like sickle cell anemia, which is considered to be a Black disease as opposed to a malarial disease. In other words, it is a disease where people in the United States who originate from areas with higher concentrations of malaria are more likely to have the sickle cell: whether that's sub-Saharan Africa, whether that's Southern Europe, whether that's parts of Latin America. So, what happens is, if you believe this is a Black disease, then you're going to miss that Portuguese American who could have sickle cell; you're going to miss that Latin American who could have sickle cell too. I just don't think people realize how much of their medical research and practice is based in racist ideas, and that is leading to malpractice and pseudoscience.

Are there any ways that leaders at these academic medical institutions can be actively anti-racist in the way that they are leading the institutions that are doing this research and treating people in their hospitals?

I am — as many people are — advocating for our medical professionals to racially reflect the people who they are serving, and so anything that the leader can do to diversify the staff — if need be — of their institution is helpful. But I think it's also critically important that institutions are really taking

stock of how medical professionals are treating different population groups. One of the things that medical leaders can do is they can collect racial data. For example, to take this off of medicine, let's say we're collecting a tremendous amount of data on a police officer: the racial makeup of every single person he stopped, the racial makeup of every single person who he stopped and frisked, the racial makeup of every single person he had a violent altercation with. Then what happens is you can begin to see, as a leader, patterns — patterns of racism, patterns of racist practices that then allow you to be like, "OK, this cop should probably not be policing Black and Brown people because they're policing in a neighborhood that's majority White, but the majority of the people they're pulling over and having violent altercations with are Black." It's the same thing for a medical professional. Is that medical professional less likely to provide pain medicine to Black patients? Is it more likely for, let's say, Latinx patients to complain about that medical professional? And also, this isn't necessarily just for the leader. It's for the medical professional herself — himself — because people have racist ideas and it may be coming out in the way that they provide care and they may not even realize it. I think this will allow them to realize it and potentially change.

Is there a cure for racism? And if so, what is it?

I define racism — with an "m" — as a powerful collection of racist policies that are leading to racial inequity that are substantiated by racist ideas of racial hierarchy. Is there a cure for racism? There is. It's anti-racism. So, if you have an institution that is governed by policies that are leading to racial inequities and then the people in the institution believe that, for instance, White people are smarter, then they're not going to see it as a problem when White people are in the most senior positions. But that same institution can eliminate those policies, can replace them with anti-racist policies that are leading to racial equity. There could be White people in senior positions and people of color in senior positions and there's equity there, and people would view that as normal. So anti-racism is the cure for racism.